

**BUILDING DEPARTMENT
CITY OF DAVISON**

200 E. FLINT ST. SUITE 2

DAVISON, MI. 48423

Phone 810-653-2191/Fax 810-653-9621

www.cityofdavison.org

**APPLICATION FOR PLAN EXAMINATION
BUILDING/ZONING COMPLIANCE PERMIT**

INSTRUCTIONS: Applicants must complete all sections, include a detailed drawing of shed.

Application Date	Permit Type SHED	Is Owner Applicant Yes No
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Note: Permits for Electrical, Mechanical, and Plumbing must be obtained thru the State of Michigan.

1. PROPERTY INFORMATION (Location where permit is being issued)

Street Address	Zoning	Parcel Type (Check One) Residential Industrial Commercial Other
Legal Description	Parcel No. 52-	

2. OWNER(S) INFORMATION

Owner(s) Name	Business Name	Phone
Email Address		
Street Address	City	State Zip Code

3. CONTRACTORS INFORMATION

Business Name	Builder's License No.	Phone
Owner(s) Name	Federal Employer ID No.	
Address	City	State Zip Code
Email Address		
Worker's Comp Insurance Carrier	MESC Employer Number (Or Reason for Exemption)	
DIMENSIONS OF SHED		

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official or the Code Official's authorized representative shall have the authority to enter the area covered by such permit at any reasonable hour to enforce the provision(s) of the Code(s) applicable to such permit.		
Signature of Applicant	Email Address (if different from above)	
Responsible Person in Charge of Work	Title	Phone

BUILDING DEPARTMENT USE ONLY

Prepared By: _____

Date: _____

Approved By: _____

Title: _____

Inspections Required: _____

5. SITE OR PLOT PLAN - For Applicant Use

(Show all lot lines, any easements and building layout and dimensions)

